Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>9/16/10</u> | Address: | 722 S Eisenhower |
|--|--|--|----------------------------|
| Case #: | 42F-31138 | | <u>Edinburgh</u> , IN |
| County: | <u>Bartholomew</u> | | |
| Type of Laboratory Scizure (check one) Operational Lab | | Seizure Location (check all that apply) Residence Hotel/Motel | |
| | al/Glassware/Equipment (only) te (only) | ☐ Outbuilding☑ Vehicle | Open – No Structure Other; |
| Items Found: Location (bedroom, kitchen, open air, etc) [check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Open Air Anhydrous Ammonia: Open Air Hydrochloric Acid Gas Generator(s): Corrosive Acid: Open Air Corrosive Base: Other (item and location): | | | |
| ☐ Yes ☑ No *If yes, fax re | er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen | ☐ Ephedrin☐ Retail/Me ☐ Other: | |
| This report is to be faxed to the following agencies that serve the location: Fire Department: Edinburgh Fire Fax: 812 526-3536 | | | |
| Health Department: Bartholomew Health | | Fax: <u>612.5.</u> | |
| • | etion Service: | Fax; | - |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591 | | | |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fixed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.